

Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: www.kenton.kyschools.us

Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

August 14, 2019

AGENDA ITEM (ACTION ITEM):

Consider/Approve The contract from Pamela Pitts for L'BAE Boundless after school program to address social emotional learning for Turkey Foot Middle School. Services will be provided through the Youth Service Center as part of the Youth Service Centers grant under Family Crisis and Mental Health Counseling component.

APPLICABLE BOARD POLICY:

01.11 General Powers and Duties of the Board

HISTORY/BACKGROUND:

Each school year Pamela Pitts has been leading and after school program for students to address social and emotional needs as part of the Youth Service Center Family Crisis and Mental Health Counseling component. The group will consist of 10 to 15 students and will meet 20 times.

FISCAL/BUDGETARY IMPACT:

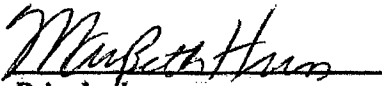
\$2,000 TFMS Youth Service Center Grant Funds

RECOMMENDATION:

Approval of The contract from Pamela Pitts for L'BAE Boundless after school program to address social emotional learning for Turkey Foot Middle School. Services will be provided through the Youth Service Center as part of the Youth Service Centers grant under Family Crisis and Mental Health Counseling component..

CONTACT PERSON:

Stephanie Watson


Principal

District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal -complete, print, sign and send to your Director. Director -If approved, sign and put in the Superintendent's mailbox.

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jehn

"The Kenton County Board of Education provides Equal Education & Employment Opportunities."



FRYSC Request Form

Region #: 4
School District: Kenton County School District
Center Name: Turkey Foot Middle School Youth Service Center
Coordinator Email: stephanie.watson@kenton.kyschools.us
Center Phone: 859-957-0042

Type of Request

☐

Center
Operations
Revision
#

☒

Other:

*Please note: Action Component Amendments,
Budget Amendments and Purchase/Subcontract
requests are now completed in FRYSC Counts.*

Explanation/Justification

It is requested the \$2000 be used to contract with Pamela Pitts for the Boundless After School Program for students at Turkey Foot Middle School. This falls under the Families in Crisis and Mental Health Counseling Component. The amount of \$2000 is budgeted for this purpose in Munis Code 0349, Professional Services.

Required Signatures

Center Coordinator:

Stephanie Watson

Date:

Advisory Council Chair:

Chris K. Schumle

Date:

Superintendent/Designee:

Date:

FRYSC Regional Program Managers will approve or deny all requests within FRYSC Counts. No authorization is given to move forward with this request until RPM approval is made. Approvals and denials are generally made within ten (10) working days.

PAMELA PITTS Founder/Provider

BILLING INVOICE: TFMS-2019/20 (September 10TH-February 4th,
2020)

L'BAE (LIVING BLESSED AND EMPOWERED) BOUNDLESS
CONCEPTION SOCIAL TALK FOR ADOLESCENTS
INSPIRATIONAL/MOTIVATION EDUCATION SERVICES

TOTAL HOURS

2.0 hours

TO BE PAID:

\$2,000.00

PAMELA PITTS

Service Provision Agreement

Pamela Y. Pitts, (Provider) and Kenton County Independent School District at Turkey Foot Middle School (KCISD/TFMS), 3230 Turkey foot Road, Edgewood, Kentucky 41017 enter into the following agreement:

1. Provider will provide a one (1 .0) hour Inspirational/Motivation Education program
L'BAE (Living Blessed and Empowered) Boundless Conception (Social Talk for Adolescents) to promote Inspiration, Motivation, and a Positive Mindset to address Self-Esteem, Anti-Bullying, Family Crisis, School Attendance, Hygiene, Social Media, Interpersonal Skills, and Abuse (substance/physical) per week (20 weeks/20 hours). Sessions will begin (Tuesday September 10th, 2019 - Tuesday February 4th, 2020)
2. Provider will provide copies of education/licensures to KCISD/TFMS.
3. Provider will comply with all H.I.P.A.A. standards
4. Provider will comply with all F.E.R.P.A. standards
5. KCISD/TFMS will identify the students in need of Inspiration/Motivation.
6. KCISD/TFMS will provide necessary parental consents in order for the L'BAE (Living Blessed and Empowered) Boundless Conception Social Talk for Adolescents to be provided.
7. KCISD/TFMS will provide a space at Turkeyfoot Middle School and the necessary supplies and equipment to provide Inspiration/Motivational services.
8. KCISD/TFMS will provide statistical data including but not limited to attendance, grades, discipline, and suspension reports.
9. KCISD/TFMS will maintain general liability insurance coverage. To the extent not covered and paid by KCISD/TFMS'S liability insurance, KCISD/TFMS agrees that it shall be responsible for any claims, losses, liability, demands and damages, and agrees to hold harmless and [or indemnify from any loss, damage, claim, or expense incurred by KCISD/TFMS not based solely on the negligence, errors, or omissions by Provider related to the performance of services conducted by Provider pursuant to this agreement.

10. KCISD/TFMS will comply with all H.I.P.A.A. standards.
11. KCISD/TFMS will comply with all F.E.R.P.A. standards
12. The term of this agreement is from August 8th 2019- August 8th, 2020 and may be terminated at any time by either party with a thirty (30) day written notice.
13. For the services listed in Point 1. Above, KCISD/TFMS will pay Provider \$2,000.00, payable in weekly/\$100.00 installments or one full check at the completion of the 20-week sessions. Provider will issue an invoice to KCISD/TFMS on a Weekly basis or at the end of the 20-week sessions.
14. Both parties agree to comply with all applicable federal, state, and local laws, rules, and regulations.
15. This document constitutes the entire agreement between Pamela Y. Pitts (Provider) and Kenton County Independent School District at Turkeyfoot Middle School (KCISD/TFMS) with respect to all matters herein. This document may be amended in writing whereas such amendments shall be signed by both Pamela Y. Pitts, and Kenton County Independent School District at Turkeyfoot Middle School (KCISD/TFMS).

Your Provider: _____ Date _____

For Kenton County Independent School District at Turkey Foot Middle School:

Stephanie Watson, Youth Service Center Coordinator




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/26/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER State Farm  Shelonda Payton Ins and Fin Services Inc 8106 Plainfield Rd Cincinnati OH 45236	CONTACT NAME: Kelli Campbell PHONE (A/C, No, Ext): 513-793-4311 FAX (A/C, No): 513-793-6741 E-MAIL: kelli.campbell.yc4f@statefarm.com ADDRESS: kelli.campbell.yc4f@statefarm.com
INSURED Pamela Pitts L'Bae Living Blessed and Empowered 2539 Grant Ave Cincinnati OH 45231	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm General Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

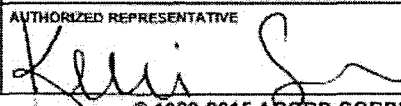
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC OTHER:		95-CX-H949-8	09/19/2019	09/19/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (If a occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ OTHER: \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MAJORITY EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LIABILITY EXTENDS TO KENTON KY SCHOOLS, STUDIO SCHEDULE AND YMCA OF GREATER CINCINNATI

CERTIFICATE HOLDER**CANCELLATION**

YMCA OF GREATER CINCINNATI 1105 ELM ST CINCINNATI OH 45202	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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